SERIAL NO. MULTIPLE DEPENDENT CLAIM FILING DATE 10/39/830 APPLICANT(S) FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) **CLAIMS** AFTER AFTER AFTER AS FILED AFTER AS FILED 1" AMENDMENT 2 [™] AMENDMENT I"AMENDMENT 2 MAMENDMENT IND. DEP IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. TOTAL IND TOTAL IND TOTAL DEP TOTAL DEP TOTAL CLAIMS TOTAL CLAIMS

U.S. DEPARTMENT of COMMERCE